

# BODY ART ESTABLISHMENT REGISTRATION or TANNING FACILITY PERMIT APPLICATION

Date Received by IDPH

Illinois Department of Public Health  
Division of Food, Drugs and Dairies  
525 W Jefferson St.  
Springfield IL 62761  
Phone 217-785-2439 Fax 217-782-0943  
TTY (hearing impaired) 800-547-0466  
Email  
[dph.bodyart@illinois.gov](mailto:dph.bodyart@illinois.gov)  
or  
[dph.tan@illinois.gov](mailto:dph.tan@illinois.gov)

Permit or Registration Number

FM#

Fee Paid \$

Purpose of Application (check one)

☐ New

☐ Change of Ownership

☐ Change of Location Effective: List Previous Address Here:

I am applying for the following registration/permit (check one). I understand fees are due with application submittal.

Check Here	Registration or Permit Type	You Must Complete Section(s)	Fee
	Body Art <b>Permanent</b> Business	1 & 2	Base \$500 See *
	Body Art <b>Mobile</b> Business	1 & 2	Base \$500 See *
	Body Art <b>Temporary</b> Event	3	Flat \$250
	Tanning Facility	1 & 4	Flat \$250

**IMPORTANT:** The registration or permit fee is due at time of application submission. This is a non-refundable fee. Checks or money orders should be made out to the Illinois Department of Public Health. **Please allow 10 working days for application processing.**

\* The Body Art permanent and mobile business registration fee is **\$500**. This fee includes one work station. If you have more than one workstation, an additional **\$50 per work station** is required. For example, if you have a total of 3 work stations, your fee will be \$600 (\$500 + 2 x \$50 = \$600).

To calculate your body art fee: **\$500 + (Total number of work stations after the first one x \$50) = Fee Due**

Mail this completed application and fee to: **Illinois Department of Public Health**  
**Division of Food, Drugs and Dairies**  
**525 W. Jefferson Street (Floor 2H)**  
**Springfield, IL. 62761**

## SECTION 1

\* Denotes Mandatory Information

Legal Name of Business*		Start date
Doing Business As (if applicable)		
Physical Facility Address*		County*
City*	State*	Zip code (+ 4 if known)*
Business Phone No. (include area code)*		Emergency/Cell Phone No.
Facility Email Address (please print clearly)*		Web Address
Days and hours of Operation		

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**Section 1 cont.****Owner and/or Operator of Business**

<b>Owner or Operator First and Last Name*</b>		<b>Age*</b>
<b>Owner or Operator Address*</b>		
<b>City*</b>	<b>State*</b>	<b>Zip code (+ 4 if known)*</b>
<b>Owner Phone No. (include area code)*</b>	<b>Owner Email Address*</b>	

**Ownership Type** (Check applicable box and complete information)

<input type="checkbox"/>	<b>Sole Proprietor/Individual</b> List Name:
<input type="checkbox"/>	<b>Partnership/Multiple Owners</b> List Name of Each Owner:
<input type="checkbox"/>	<b>Government</b>
<input type="checkbox"/>	<b>Non-Profit</b>
<input type="checkbox"/>	<b>Cooperative</b> List exact full cooperate name:
<input type="checkbox"/>	<b>Limited Liability Company (LLC)*</b> List complete name of LLC and FEIN:
<input type="checkbox"/>	<b>Corporation</b> List Complete name of Corp and FEIN:
*If either a LLC or Corporation, list the registered agent on file with the Secretary of State here:	

**Mailing Address**

Check here \_\_\_\_\_ if the mailing address is the same as the physical address (do not have to re-type below).

Check here \_\_\_\_\_ if the mailing address is the same as the owner's address (do not have to re-type below).

<b>Mailing Address</b>		
<b>City</b>	<b>State</b>	<b>Zip code (+ 4 if known)</b>

**Certification Statement**

*This application must be signed by the owner, if an individual; by one of the partners, if a partnership; or by an officer of the company or corporation.*

I affirm that I am the owner, partner or officer of the firm name as shown on page one, that I am authorized on the part of said applicant to verify and file with the Illinois Department of Public Health this application, and that I have a full working knowledge of the matters set forth herein and that all of same are true in substance and fact.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION 2 Body Art Establishment

List Equipment used for tattoo and/or body piercing services such as sterilizers, tattoo machines, cleaning systems, etc. Do not include disposable supplies.

Type	Year of manufacture if available

List Number of Work Stations located in business: \_\_\_\_\_

If mobile, list home base address of establishment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IMPORTANT ADDITIONAL REQUIREMENTS for BODY ART ESTABLISHMENTS

Along with this application, you **MUST** attach the four documents described below. See *Appendix A* for detailed requirements/instructions.

- Operational Procedures
- Establishment Floor Plan
- Aftercare Instructions
- Parental Consent Form (applicable to piercing services only)

## SECTION 3 Body Art Temporary Event

Complete all information to avoid delay in registration.

Event Name		
Address		
City	State	County
Date(s) of Events		Number of Workstations
Business or Booth Name		
List all artists working in Booth (attach additional sheet if needed)		
<hr/>		
<hr/>		
<hr/>		
Contact Name	Telephone Number ( ) -	
Contact Email		
<b>SIGNATURE OF APPLICANT</b>		
<b>Permanent Business Contact Information</b>		
Name	Address	
City	State	Zip
Telephone ( ) -		

### IMPORTANT REQUIREMENTS FOR BODY ART TEMPORARY EVENT

Proof of OSHA compliant blood borne pathogen training MUST be available for all artists upon inspection on the opening day of event.

See **Appendix B** for Temporary Establishment Registration Information.

If there are any questions or concerns, please call 217/785-2439 or email [dph.bodyart@illinois.gov](mailto:dph.bodyart@illinois.gov)

## SECTION 4 Tanning Facility Application

Primary Operation of Facility (check box and complete description if "Other")

<input type="checkbox"/>	Tanning Facility	<input type="checkbox"/>	Health Club	<input type="checkbox"/>	Hotel/Motel
<input type="checkbox"/>	Beauty Salon	<input type="checkbox"/>	Barber Shop	<input type="checkbox"/>	Residence
<input type="checkbox"/>	Other; Describe Here:				

Please provide **complete** information for **each piece** of tanning **equipment** in this facility. Types of equipment may include bed canopy, bed bench, stand-up booth, free-standing facial unit, etc.

Room ID	Manufacturer	Model	Serial Numbers	Year of Manufacturer	Equipment Type

*Attach Additional Sheet(s) if more equipment information is to be provided.*

### **IMPORTANT ADDITIONAL REQUIREMENTS for TANNING FACILITIES**

Along with this application, you **MUST** attach the facility generated **OPERATING PROCEDURES** using the outline provided in **Appendix C** (Note: all points on the provided outline must be addressed to be considered complete.)

If there are any questions or concerns, please call 217/785-2439 or email [dph.tan@illinois.gov](mailto:dph.tan@illinois.gov)

# **APPENDIX A, B and C**

**Appendix A;** Body Art Operational Procedures/Floor Plan/Aftercare Instructions

**Appendix B;** Temporary Establishment Registration Information

**Appendix C;** Tanning Facility Written Operating Procedures

## APPENDIX A

The Body Art Establishment Registration application requires applicants to submit copies of Operation Procedures, Establishment Floor Plan, Aftercare Instructions, and *only if piercing procedures are available for minors a parental consent form.*

### **Attachment One: Operational Procedures**

Submit a copy of the establishment procedures. The following outline highlights the area each establishment must minimally address in its written procedures. Your procedures may go beyond the outline if you have additional items you wish to include for use at the establishment.

1. Sterilization methods used for all reusable items. (State “**100% disposable**” if applicable)
2. Testing methods used to ensure sterilization process is working. (Same as above if applicable)
3. Storage methods used to ensure all sterilized items remain sterilized.
4. Method used to gather client information and record storage method.
5. Method used for maintaining records of all procedures performed.
6. Method used to ensure client is eighteen years of age.
7. Method for collection of parental consent if client is a minor requesting piercing procedure.
8. Method for preparing the procedure site.
9. Method for aftercare procedure and client instructions.
10. Work station cleanup after procedure is completed.
11. Methods used to deal with a possible emergency. *(These do not need to include any type of medical analysis or EMT services. The emergency procedure is necessary to ensure everyone knows what actions to take during an emergency and to prevent unplanned actions during any emergency. An example for an emergency procedure can be as simple as dialing 9-1-1.)*

### **Attachment Two: Floor plan of establishment**

Submit a floor plan of the facility. This attachment **does not require** an architectural drawing or blue print. The following items must be included in the drawing. *The drawing may include other features as needed.*

1. Entrance and exits
2. Workstations
3. Hand sinks
4. Sterilization area (if applicable)
5. Washroom
6. Storage room
7. Sitting area if available

### **Attachment Three: Aftercare Instructions**

Please include a copy of the instructions given to clients after any procedure has been performed. The instructions should include directions on using any washes, salves or creams, the rinse schedule and the actions that need to be taken if problems arise as a result of the procedure.

### **Attachment Four: Parental Consent form (ONLY if Body Piercing of Minors is conducted)**

Please include a copy of the consent form used to obtain the parental consent for minors when Body Piercing procedures are made available. *If this service is not available, a consent form shall not be required.*

Contact the Body Art Program staff, [dph.bodyart@illinois.gov](mailto:dph.bodyart@illinois.gov) with questions.

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## APPENDIX B

### Section 797.1400 Temporary Establishment Registration Information

A temporary certificate of registration may be issued by the Department for educational, trade show or product demonstration purposes that include body art procedures. The temporary certificate of registration shall be valid for a maximum of 14 calendar days. (Section 20 of Act)

#### **Refer to the Body Art Legal Base for complete list of requirements.**

- 1 A body art establishment who wishes to obtain a temporary certificate of registration shall submit a temporary certificate of registration application for review to the Department at least 30 days prior to the event.
- 2 A temporary certificate of registration non-refundable fee of \$250 shall be paid for each event.
- 3 The Department shall not issue the temporary certificate of registration if the holder of a temporary certificate of registration fails to comply with all requirements of the Body Art Legal Base.
- 4 An inspection of the location identified on the temporary certificate of registration application shall be required prior to the performance of any body art procedures. The inspector will contact the responsible party listed on the application prior to the event to set up the required inspection time.
- 5 The establishment shall be contained in a completely enclosed location.
- 6 The temporary certificate of registration shall be prominently posted along with the warning statement provided by the Department (see Section 797.600(c)).
- 7 Copies of documentation of proof of Blood borne pathogen training for all artists are required to be available for review during inspection.
- 8 Conveniently located hand-washing facilities with liquid soap, paper towels and hot and cold water under adequate pressure shall be provided. Drainage in accordance with local plumbing codes is to be provided. Alcohol-based single-use hand wipes shall be available in each work station to augment the hand-washing requirements of this Section.
- 9 The establishment shall provide instrument sterilizing equipment in compliance with this Part, on which a spore test has been performed 30 or fewer days prior to the date of the event, **or** only single-use prepackaged sterilized equipment shall be allowed.
- 10 In performing body art procedures, the body artist/apprentice shall wear single-use medical grade gloves. Gloves shall be changed if they become contaminated by contact with any non-clean surfaces or objects or by contact with a third person. The gloves shall be discarded, at a minimum, after the completion of each procedure on an individual client, and hands shall be washed before the next pair of gloves is donned.
- 11 Sharps ready for disposal shall be disposed of in approved sharps disposal containers. Storage of regulated waste on site shall comply with the regulations in 29 CFR 1910.1030
- 12 No person shall perform any tattoo procedure upon a person under the age of 18 years that is prohibited by Sections 12-10 through 12-10.2(c) of the Criminal Code of 1961. Age verification shall be obtained by government issued identification containing a birth date and photograph
- 13 In other procedures, such as piercing, the parent or legal guardian shall sign a consent form.
- 14 Any body artist can refuse service to any individual, at any time, and for any reason.

Contact Body Art Program staff at [dph.bodyart@illinois.gov](mailto:dph.bodyart@illinois.gov) with questions.

*Revised 02/18*



## **APPENDIX C**

### **TANNING FACILITY PROCEDURES OUTLINE**

ALL tanning facilities are required to submit a written copy of their “operating procedures” to be used in the facility as well as an attachment to the facility’s application for a permit. The following outline highlights the areas each facility **must** minimally address in its tanning facility written operating procedures.

**The purpose of written operating procedures is to establish uniformity among all trained operators and to provide a list of what must be done to ensure compliance with the Act.**

- 1      The procedure for annually giving the client a copy of the required written warning, as detailed at Section 795.150(a) of the Tanning Facilities Code. What procedure is the operator expected to follow to ensure that all clients are at least annually offered a written copy of the warning?
- 2      The procedure for proving and documenting whether the client is 18 years of age or over and able to tan. What method is the operator to use to prove and document the identity and age of the client? How do you document the results of your verification?
- 3      The procedure the facility follows to handle the presence of children that accompany a client. How are operators expected to handle the presence of children who accompany a client while the client is tanning?
- 4      The procedure the operator must follow to obtain client information on prescription and nonprescription medications, consumed or used prior to the start of each tanning session, and the procedure for informing clients about photosensitizing substances.
- 5      The facility procedure for dealing with pregnant women who wish to tan. What is your facility’s policy related to pregnant or potentially pregnant women who wish to tan and what do you want your operators to do to tan?
- 6      The operators’ method for ensuring and documenting that clients have not used the services of any tanning facility in the preceding twenty-four hours. What does the operator do to verify that the client has not tanned within the last 24 hours?
- 7      The system for maintaining complete and accurate records on clients’ use of the tanning facility. What information is collected, and in what format, at each client’s tanning session? When maintained electronically, the procedures shall describe data storage and back-up methods.
- 8      The operators’ procedures for instructing clients on how to use the tanning equipment. Each tanning unit has specific manufacturer’s instructions for use. Ensure operators cover all necessary information for each tanning unit?
- 9      The procedure for determining and recording the client’s appropriate skin type, using the IDPH-provided skin type chart. What happens after the client calculates their skin type and what is the operator expected to do?
- 10     The procedure for thoroughly documenting and promptly reporting tanning injuries, as specified in the Tanning Facilities Code, Section 795.200.
- 11     The procedures for conducting regularly scheduled maintenance of the tanning equipment, particularly as required by the manufacturer of each tanning unit. Describe the various maintenance procedures to be conducted on each unit.

- 12 Procedures for the accurate preparation of the facility's sanitizing solution and a description of how it is to be tested and stored in properly labeled containers. Provide step-by-step instructions to the operator.
- 13 A thorough procedure of equipment cleaning procedures. Facility operators, NOT CLIENTS, are responsible for cleaning and sanitizing tanning equipment after each use.
- 14 A thorough description of eyewear sanitizing procedures (if the facility provides reusable eyewear for its clients). Provide step-by-step instructions to the operator.
- 15 The procedure for cleaning and sanitizing the restroom which must be cleaned and sanitized at least once a day. Describe the specific tasks to be conducted and who has responsibility for each task?
- 16 A thorough description of the procedures for the general cleaning of the tanning facility. Describe the various procedures for general cleaning of the tanning facility and who is responsibility.
- 17 The procedures for the operator to perform while assisting the inspector during an Inspection. The operator must have access to all information required by the inspector including the client records, the operators' training records, and the compatibility documentation for lamp replacement.
- 18 A thorough description of the training method (the 'what' and 'how') to be used for each operator, covering the ten areas described in Section 795.180 of the Tanning Facilities Code. Operators may not be left unattended until training is completed.

If any of the above items are not covered in the facility's written operating procedures, they will be returned to the facility owner to complete or correct.

*Do not submit the outline as your procedures.*

Remember to **keep a copy** of the procedures to include in the facility training manual.

Questions may be directed to the Tanning Program Staff: [dph.tan@illinois.gov](mailto:dph.tan@illinois.gov)